



Planning & Logistics Guide
ISN Sim- Based Pediatric Trauma (TSE)
Team Training
PROGRESSIVE SIMULATION

| Hospital Info | Working Agenda | Locations |
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| <p><i>Name & Address of Medical Center/Hospital</i></p> <p>Lead Contact:</p> <ul style="list-style-type: none"> ○ CEO/DON: ○ ED Provider: ○ ED Manager: ○ EDU: ○ IT: <p>Ambulance/Fire service:</p> <ul style="list-style-type: none"> ○ EMS Educator: ○ EMS Medical Director: <p>Air Transport:</p> <ul style="list-style-type: none"> ○ Contact <p>Receiving Hospital:</p> <ul style="list-style-type: none"> ○ Contact | <p>SET –UP 3pm afternoon prior to sim event ISN Sim Resource Team (SRT) will set up meeting room (AV, Handouts etc).</p> <p>SIM EVENT (TIME TBD) Didactic Includes: Program Orientation, Team training (TeamSTEPPS) Pre-briefing, Equipment orientation</p> <p>Simulation activity includes: Segment 1:EMS-Accident site (30min) Segment 2:ED /air transport (30min) Segment 3: Debrief 45 mins</p> | <p>Mtg. Room for Didactic, Observers & Debrief _____ Car/ATV accident Location _____ ED/trauma room # _____ Ground Transport _____ Air Transport: _____</p> |
| <p>* ALL INTERVENTIONS UTILIZED IN PRACTICING THE MANAGEMENT OF PEDIATRIC BLUNT TRAUMA; ARE BASED UPON NATIONAL PROTOCOLS; YOUR AGENCY/HOSPITAL POLICIES, PROCEDURES; AND THE CLINICAL JUDGMENT OF YOUR EMS MEDICAL DIRECTORS AND PHYSICIANS. THE ISN SRT WILL NOT BE TEACHING MEDICINE</p> | | |
| <p>For Questions & Additional Information Idaho Simulation Network Contact is Marion Constable, Phone #: 208-720-9354 E-mail: Marion.constable@gmail.com</p> | | |

General Information

- Planning will entail 3 conference calls between CAH Planning Team & ISN to be held during the 2-3 months ahead of simulation event (Date & time –TBD) Conference call number: **866-642-1665 code 657721**
 1. TBD Initial planning: Introduce Sim Event planning team, Determine date of Sim event; Review *Planning & Logistics* document, discuss logistics, scenario focus & learners,
 2. TBD: Determine specific learning objectives for each segment (EMS,CAH, Transport)
 3. TBD: Finalize plans
- ISN Simulation Resource Team (SRT) will conduct/facilitate the sim scenarios & debriefings
- Simulations will be conducted “in-situ” (on site):
 - In the field; on the ambulance, in the ED and on helicopter (TBD), using hospital & agency supplies & equipment.
 - If census precludes the use of room(s) in ED, supplies & equipment can be moved to another space. (Room on another unit/ Classroom, etc.)
 - EMS, Referring Hospital, Receiving hospital & Transport clinical team members will respond in their actual roles.
- EMS agency will select type & location for accident
 - Determine complexity of accident based on EMS learning objectives (i.e.extrication/ jaws of life,etc.)
 - Obtain permission from property owner, ODOT, Sheriffs Office
 - Stage / provide “props” i.e. Car ,ATV (if desired) & clear accident site.
 - Assign Public Info. Officer, to manage “civilian” observers & press
- Host Critical Access Hospital(CAH) & EMS agency are responsible for:
 - Funding staff /personnel“ seat time”
 - Providing medical equipment & disposable supplies including any & all simulated medications that would be used in the treatment of the patient (Already opened supplies from EDU, outdates, expired meds, /demo dose from Pocket nurse etc. are all acceptable but must be prominently labeled “For Sim Use Only”)
 - Meals/refreshments

Example of supplies needed:

- Paperwork: Admission paper work (you can use “test patients “ if you have EMR); Chart, ID /Allergy bands;
- Equip: tape, trauma scissors; gloves; gowns; masks, stethoscopes; monitor equipment, Blood warmer, rapid infuser, etc. (if scenario goes into transfusion protocol), foley w/ urimeter
- Portable Ultrasound in ED for FAST, CT Scan etc.
- IV & O2 Equipment: Pediatric O2 equip, mask/BVM; IV start kits for 5 y.o Fluids, tubing, blood tubing, syringes; IO needles/ EZ-IO drill; ;(SRT has IO training kit if needed
- Pediatric code cart, Broselow tape
- Intubation equip (for peds. pts.). Rapid Sequence Intubation simulated medications; Laryngoscopes/ blades; stylets, ET tubes, colorimeters etc.
- ISN SRT will provide x-ray results, lab results to match pt. status and simulated blood

| Preparation Activities/ Tasks | | Responsible Party |
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| Ensure involvement of <ul style="list-style-type: none"> ○ Physician(s) for all involved units & receiving hospital (TBD) ○ Quality improvement director ○ EMS representative (Amb. Fire) Chief; Medical director (TBD) ○ Air transport representative | | EMS agency and host hospital planning team |
| Ensure schedules are cleared of on-call responsibilities the night before and during the simulations so that participants(EMS, CAH MDs & RNs) can stay for the entire workshop Flight crew as available | | Hospital /ISN planning team |
| Manage Staff logistics, meals and/or refreshments (if desired) necessary to support the simulation event | | Hospital planning team |
| Testing & operation of Telehealth equip if to be used | | Hospital IT department |
| Pre- Event Activities/ Tasks | Responsible Party | Details |
| Review and have available; <ul style="list-style-type: none"> • Policies, protocols& processes • Educational Aids For Emergencies Ped. Trauma life Support (PTLS) Protocol, Broselow tape/System, Guides, any checklists or cognitive support aids | EMS Training officer ED Coordinator/Manager | Required: Review your organizations policies, protocols& processes (Medical Direction, Transport protocols) Recommendation (optional) Develop Roles & Responsibilities(R&R) Grids for pediatric blunt trauma; Roles/titles (RN, MD, RT etc.) across top Jobs/Actions/responsibilities down the left side Put X's in the boxes as you assign responsibilities Distribute and review R&R grids in advance of sim-training (supports team in knowing their roles) |

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| <p>Identify Participants “Learners” for your sim event Learners</p> <ul style="list-style-type: none"> • Clinical team (s) • EMS,ED, transport team • Observers- Any extra staff or guests the CAH would like to invite to take part in the event | <p>Sim Event Planning team (EMS, ED,)</p> | <p>Clinical “hands-on team (s)” Suggest you use the actual number of people who would normally render care</p> <p>You can also have active observers located in the conference room watching the clinical activity via live video streamed to them by your IT dept. TBD All observers will be included in the debrief (with exception of press)</p> |
| <p>Identify Support Staff</p> | | <ul style="list-style-type: none"> • <u>Personnel from ED</u> who is able to assist the ISN SRT with set up, IVs etc. Someone who knows “where everything is” & ensures Broselow/Crash carts supplies etc. are replaced immediately following the exercise • <u>Environmental services person</u> to help with cleanup of clinical areas immediately following the Sim event . (Participants will not be available to be involved w/ housekeeping duties -they’ll attend the debrief immediately • <u>Unit Clerk – to do admissions /charts / calls /transfer docs etc.</u> • <u>Scribe</u> to document during debriefing sessions. These notes are kept and issues are followed up as determined by your leadership team. • <u>Photographer for still shots</u> |
| <p>Scheduled rooms</p> <p><u>Day of Simulation exercise</u> <u>Room #1:</u> Large enough For: Didactic Orientation Debriefing Refreshments</p> <p><u>Clinical Room(s):</u> For scenario:</p> <ul style="list-style-type: none"> • ED bay | <p>Primary Contact/ Educator</p> | <p><u>Simulation Day</u></p> <ul style="list-style-type: none"> ▪ Meeting room for EMS, ED, Transport & observer personnel to gather for <ul style="list-style-type: none"> ○ Orientation, didactic PowerPoint presentations etc. ○ Meals, snacks, ○ Debriefing <ul style="list-style-type: none"> ▪ Space needs to be large enough for all participants and 2-5 facilitators to sit comfortably around large table, or in a circle with a flip chart, or white board & screen for video replay |

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| Audio /Visual Equipment | Hospital | <p>Equipment Needs:</p> <ul style="list-style-type: none"> • Wi-Fi Access • Screen, Projector, Speakers in conference room for Didactic/Debrief • Facetime or conference phone during debrief (To bring in Receiving hospital) • Flip chart or white board and markers for debriefing • Call systems for Codes/ pagers /notifying staff • iPads/iPhones for iPeriscope TBD • Digital camera for still shots if desired. |
| Additional Equip/ Medical equip/Meds/ Paperwork | Hospital | <ul style="list-style-type: none"> ▪ A chart(paper or EMR) for Pt. with actual documentation capability ▪ All appropriate paperwork specific to your facility ▪ Lab results on your Lab paperwork depicting: <ul style="list-style-type: none"> ○ Hypovolemic 5 y.o. ▪ Admission forms, ID bands ▪ Blood administration consents, bands, equip etc. ▪ Broselow /or Pediatric equip ▪ O2 equip ▪ Foley w/ urimeter (Peds) ▪ Medications (you can ask your pharmacy for “outdates’ or create “look alikes” All must be clearly marked “For Sim use only” ▪ Primary IV. Set ups; blood tubing, fluids ▪ Secondary IV set ups |
| CME & CEU Availability | Hospital | <p>If desired, assure appropriate steps are taken to provide CMEs and CEUs to the attendees.</p> |
| Certificates of attendance | Hospital | <p>Names of attendees will be taken from ISN sign-in sheet All participants, including EMS will receive Certificates of attendance from the ISN</p> |
| Public Affairs | Hospital | <p>You may want to have an article written in your local paper or in-house newsletters. Photos of the event are very useful to have for reports to your board, awareness raising, and fundraisers. Video of event will be captured by ISN</p> |

| Afternoon /Eve prior to Simulation <u>SET -UP</u> | | |
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| Set-up for Welcome, Orientation, Didactic & Pre-brief in Conference room | SRT with primary contact assistance Please have IT available | <ul style="list-style-type: none"> LCD projector and screen Set –out handout materials: <ul style="list-style-type: none"> Photo Releases Confidentiality agreement Program evaluation forms Sign-in sheets <u>Verify Availability of ED, Transport equipment</u> |
| Set-up Equipment For “ Orientation” | SRT with primary contact assistance | <ul style="list-style-type: none"> 5 Y.O manikin placed in ED If census high place adjacent to or in Meeting room (need 6’ table). |
| Confirm Refreshments | Hospital | Set-up for food and beverages |
| Notification of actual patients & families | Facility | Hand out and post information cards |
| Simulation Event <u>DIDACTIC</u> | | |
| Didactic, Pre-brief & Equip Orientation | ISN SRT | PPT / Handouts |
| Break Time <u>TBD</u> | | |
| Following Orientation Transport & set up equip at: <ul style="list-style-type: none"> Scene of ATV accident | ISN SRT with EMS /RN assistance | <ul style="list-style-type: none"> Patient actor (mom) 5 y.o. Manikin at scene (Tablet on rig as monitor & live stream voice) Final placement of equip TBD <ul style="list-style-type: none"> Observer Checklists assigned Video feed checked for observers (Can place observers outside ED as contingency) Assign Go-Pro operators |
| Simulation Event <u>Time TBD</u> Dispatch called <u>Time TBD</u> | | |
| Notification of actual patients & families | Hospital designee | Overhead Announcement that “Sim event has begun / Sim event has concluded” Notify all patients that simulation training is being conducted and that it may be noisy and not to be concerned. These drills are being conducted to improve patient safety. |

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| ED Oversight | Hospital designee | One person needs to be identified to communicate with the ED, manager if the simulation logistics need to be modified or cancelled based on actual pt. care priorities . | | |
| <p>Progressive Scenario to be run: 5 y.o. Blunt trauma (ruptured spleen) Followed by 45 min. Debrief</p> | | <p style="text-align: center;">“PROGRESSIVE SIMULATION”</p> <p>Scenario Begins in the field at the site of ATV or car crash (EMS sets up crash site)</p> <table border="1" data-bbox="521 401 1533 1157"> <tr> <td data-bbox="521 401 841 1157"> <p>Scenario “Flow & Focus” 5 y.o. Field→ Ambulance → ED dept.→ Telehealth Support→ Transport (Initiation to doors of aircraft)</p> </td> <td data-bbox="841 401 1533 1157"> <p>Learners: Clinical participants Personnel who would be assigned to provide the care during an actual emergency All personnel will perform their usual roles, Observers are TBD at your discretion/ preference Observers will be provided with checklists & assigned specific objectives to look for to discuss during debrief Learners may include but not be limited to: EMS responders, ED Providers & staff, All ancillary depts.potentially involved</p> <ul style="list-style-type: none"> • Admitting • Lab • Radiology • Respiratory Therapy • Blood Bank, etc.) • Transport team • Receiving Hospital Personnel <p>Board, Foundation members (optional) Press (optional & not included in debrief)</p> </td> </tr> </table> | <p>Scenario “Flow & Focus” 5 y.o. Field→ Ambulance → ED dept.→ Telehealth Support→ Transport (Initiation to doors of aircraft)</p> | <p>Learners: Clinical participants Personnel who would be assigned to provide the care during an actual emergency All personnel will perform their usual roles, Observers are TBD at your discretion/ preference Observers will be provided with checklists & assigned specific objectives to look for to discuss during debrief Learners may include but not be limited to: EMS responders, ED Providers & staff, All ancillary depts.potentially involved</p> <ul style="list-style-type: none"> • Admitting • Lab • Radiology • Respiratory Therapy • Blood Bank, etc.) • Transport team • Receiving Hospital Personnel <p>Board, Foundation members (optional) Press (optional & not included in debrief)</p> |
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| Program Evaluation & Certificates of Attendance | ISN SRT & Primary contact | Please be sure sign –in sheet copied (ISN provides sign-in sheet) Certificates provided by ISN (signed by Primary contact, handed out by primary contact when evaluation returned) | | |



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